

PERSONNEL MANAGEMENT SYSTEM

SECTION: 600 – Employee Benefits

POLICY NUMBER: 602

SUBJECT: **Health Insurance Benefits**

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EFFECTIVE DATE: 4/6/77

REVISION DATE: 7/1/90

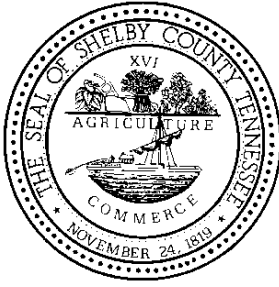
Group Major Medical Hospitalization Insurance is provided for those hired into full-time part-time permanent and durational positions. Temporary employees are excluded. Premium costs are shared by the County and the employee. Coverage is mandatory for permanent and durational full-time employees employed after January 1, 1970.

A full-time, part-time permanent or durational employee may be permitted to withdraw from his health insurance plan under the following conditions:

1. The participant has been employed at least six (6) months as of the July 1, which follows the annual open enrollment period.
2. The employee signs a Withdrawal Request Form certifying that he/she is covered under another group health insurance policy which is comparable to the Shelby County Employee Group Health Care Plan. ("Comparable" means that the other health insurance must provide benefits similar to or better than the Shelby County Plan).
3. The Withdrawal Request Form is approved by the Manager of Employee Benefits.
4. The employee who is approved to withdraw from coverage will have to certify, during each annual open enrollment period, that he/she continues to have coverage under another plan which has comparable benefits.

A full-time, part-time permanent or durational employee will be allowed to re-enter a health insurance plan offered by the County under the following conditions:

1. An employee who has elected to withdraw from a health insurance plan offered by the County will be allowed to re-enter a plan offered by the County upon completion of a statement of health for the employee and his/her dependents which must be submitted to the Plan Administrator.
2. The employee who withdraws, as well as his/her dependents, shall re-enter the Shelby County Employee Group Health Care Plan with a twelve (12) month pre-existing condition limitation.
3. An employee who withdraws and wishes to re-enter must meet the re-enrollment requirements of the Shelby County Employee Health Care Plan in order to exercise an option to become a member.



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4. The only time an employee can leave a health plan or re-enter a health plan is during the annual open enrollment period for coverage to be effective the following July 1st, except as provided in #5 below.
5. If the other group health insurance plan which is the basis for withdrawal from a county plan is the group insurance plan of a spouse, and if there is a change in family status, the employee will be entitled to re-enter a county plan at a time other than open enrollment period, provided all other conditions are met.
6. A "change in family status" will include divorce or death of a covered spouse. It also includes as a result of the loss of employment of a covered spouse, or the employer discontinues its health plan. Proof of such change will be required in order for an employee to re-enter a county plan at any time other than during an open enrollment period. The employee and dependents will still be subject to the twelve- (12) month pre-existing condition limitation.

Any request for withdrawal or re-entry that is denied can be appealed to the Benefits Review Sub-Committee of the Unified Personnel Policy Committee. If the Benefits Review Sub-Committee is unable to resolve the grievance to the employee's satisfaction, the employee may file a written request for disposition of the matter with the administrator, acting as designee of the appointing authority, within three (3) working days of receipt from the Sub-Committee of its written response to the employee.